

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4		1				
5	1	3				
6		1				
7		2				
8		2				
9		2				
10	1					
11		1				
12		1				
13	1					
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50						
TOTAL IND.	7					
TOTAL DEP.	19					
TOTAL CLAIMS	26					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
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